SERVICE COORDINATION MONITORING INSTRUCTIONS

Service Coordination Monitoring Form

- Rights
- Habilitation
- Financial
- Service Needs
- Health & Safety
- ▶ Home/Work Environment
- Individual's Input
- Follow up

What does Monitoring Focus on?

- Monitoring is to assure that the services and supports in the plan are occurring as developed by the team. Collaboration between team members is necessary to achieve the individual's desired outcomes.
- Monitoring will also focus on health and safety, environmental factors, personal well-being and issues related to community integration.
- Additionally, monitoring reviews the Plan to determine if it is working and identifies when revisions may be needed.

Monitoring - General Definition

- ▶ SC's will review implementation of the ISP on an ongoing basis. Monitoring can take the form of face-to-face meetings or telephone calls with the individual, guardian, involved family members, the advocate or contacts on behalf of the individual, reviews of paperwork, such as financial records, medication records, etc.
- ▶ A review of services may include a review of programmatic data, observation of training programs being implemented, observation of interactions between staff and the person whose Plan is being reviewed and/or review of any other documentation or communication available to verify that the Plan has been implemented as written.

What is the role for the Service Coordinator when it comes to Monitoring?

Services will be monitored and documented on an ongoing basis by Service Coordination staff by:

- Observing the delivery of services and/or review of documentation to support the Plan;
- Consulting with persons receiving services, the legal representatives, the parents (if the
 person is a minor) and the chosen advocate regarding their satisfaction with services;
- Discussion with provider staff regarding program progress, outcomes and plan implementation; and
- If indicated, requesting the team to review results of the observation(s) and determine whether changes are needed.

Required Annual ISP or Semi Annual ISP Monitoring

- Monitoring must be completed with the individual in the location where they receive their vocational and/or residential services. Exceptions to this need to be approved by Service Coordination supervisors.
- Documentation of all monitorings is to be completed using the DDSC-37 monitoring form.
- A full monitoring review using the DDSC-37 Monitoring form is required to occur within 60 days after the start of the annual ISP year and within 60 days after the Semi Annual ISP review meeting. The Service Coordinator should observe at least one habilitation program in each setting for individuals in specialized services and conduct a review of all program data.
- ► The Service Coordinator will complete a separate monitoring form for each service type provided by each provider.

Required Annual ISP or Semi Annual ISP Monitoring (continued)

- ▶ If one provider provides both vocational and residential supports, separate forms are required.
- ▶ If an individual receives non-specialized services, monitoring is required; however, the SC can complete the monitoring with the individual and/or the guardian.
 - ▶ If the individual and/or guardian want to include the non-specialized provider that is their prerogative. The non-specialized monitoring is completed on the same DDSC-37 Monitoring form.
 - If the individual uses non-specialized for their day and residential services, separate forms are required. Even though each non-specialized service type must be reviewed; it is not required that each provider for each service type is monitored at the time of the annual and semi-annual monitoring.
- ► Follow-up contacts will be scheduled as needed by SC's to ensure concerns noted in previous monitoring are corrected.

Ongoing Monitoring

- Ongoing Monitoring may occur at any time and will be documented on the DDSC-37 monitoring form. Follow-up contacts will be scheduled as needed by SC's to ensure concerns noted in previous monitoring are corrected.
- ▶ When a contact with or on behalf of an individual relates to a monitoring issue, the DDSC-37 Monitoring form must be used.
- ▶ When completing an ongoing monitoring, not all sections of the DDSC-37 Monitoring form needs to be completed. The SC will complete only the items on the form that were observed or are being addressed at the time of the ongoing monitoring
- ▶ SC's are encouraged to monitor for quality services as well as concerns throughout the ISP year.

To dos while conducting a monitoring

- ► The SC will want to talk with the individual. General questions such as: How do they feel things are going? Do they have any questions or concerns? Do they feel they are making progress towards their outcomes?
- ▶ The SC will review all the data from programs, medication and financial records etc. Please note that if financial records are kept in a different location, this part of the monitoring may need to be done at a different time and location
- The SC should take a look around: are the interactions between staff and the individual appropriate and positive? What are the conditions of the environment? Does it smell clean? Is it organized? Is it accessible for the individual?
- Additionally, a meaningful contact should be documented in service coordination narratives/case notes.

If Concerns arise while completing the Monitoring

- ► Concerns will be discussed with the provider support staff who is working with the individual. If at any time it is noted that supports or services are not being provided as noted in the plan, the SC will speak directly to the provider staff on duty to reach a resolution.
- ▶ Anytime a "No" is marked on the monitoring form, a written response is required. The provider will have up to 10 calendar days to respond to the SC in writing.

Process after completion of a Monitoring Form

- ▶ The SC will return to the office and make sure the form is filled out accurately and is written in objective language.
- ► The DDSC-37 Monitoring form will be distributed to the appropriate provider staff within three working days of the review. A narrative will be written and included in the individual's electronic records file referencing the details of the monitoring.
- ▶ The SC will notify their Supervisor so that their supervisor is aware it is completed and for tracking purposes.

When a written response is received

- ▶ When a written response is received, the SC will review it to ensure that the action taken will correct the problem. The response is then up loaded to SharePoint.
- ▶ The SC will want to reference this at their next site visit to make sure the corrective actions are working to solve the issue.

If a response is not received or a response is inadequate

- ▶ If the response was inadequate or no response is received, the SC will copy the written documentation of noted concerns and send it to his/her immediate supervisor for further direction.
- ▶ The SC will document in the narratives/case notes.
- ▶ The SC and the SCS will work to resolve the issue with the provider. All actions taken to resolve the issue will be documented in contact narratives/case notes.
- ▶ If the SC and SCS are unable to resolve the issue within 10 days of the response being sent to the supervisor, the SCS will copy the written documentation of noted concerns and send it to the Service Coordination Administrator of Services for follow-up and further direction.
- ▶ If trends show that the problems are recurring (such as "no ongoing habilitation provided," "programs not implemented as written," services and supports are not provided as outlined in the ISP. etc.), the SC will work with the SCS to follow the complaint process.

Review of the Monitoring Form

http://apps-dhhs.ne.gov/ddqa/

Special Situation Service Coordination Monitoring

▶ The Service Coordinator will complete the DDSC-37 Addendum for individuals receiving risk service funding. The DDSC-37 will be entered and routed the same as above.

SERVICE COORDINATION SUPERVISOR INDIVIDUAL PROGRAM PLAN INSTRUCTIONS

SERVICE COORDINATION SUPERVISOR INDIVIDUAL PROGRAM PLAN INSTRUCTIONS REVIEW

- While the SC Monitoring Form is focused more on ongoing observation and documentation, the Service Coordination Supervisor Individual Program Plan Instructions is focused on making sure documentation is being correctly performed
- http://apps-dhhs.ne.gov/ddqa/

Service Coordinator Supervisor Individual Program Plan Review

THERAP GENERAL EVENT REPORTS

THERAP

- ► Therap is a cloud-based electronic records tool with a wide range of functions
- A Therap license has been purchased for all DD specialized serviced providers by the State of Nebraska
- ▶ Therap's General Event Reports (GER) system is mandated for all Nebraska DD specialized service providers
- Provides a wealth of easily accessible data across the state

Notification Levels

▶ 3 Notification Levels of a GER – High, Medium and Low

Notification Level	Timelines for Reporting Incidents
High *Note: High notification level should be used ONLY for incidents reportable to the state.	 Verbally report to Service Coordinator immediately upon the Contractor becoming aware of the incident. Submit a report in Therap within 24 hours of becoming aware of the incident occurring Monday through Thursday, and by 5 p.m. Monday for those incidents occurring Friday, Saturday, or Sunday. Approve the report in Therap within 48 hours of submitting the report.
Medium	Medium and Low categorizations should not be used for any reportable incident. Policies for these are determined by the provider agency.
Low	

Event Information

- Documentation of an Event Date
- An Explanation of what happened before the event
- Location of the incident



Event Type

- Predetermined definition types for those reporting the incident to select
 - Injury
 - ► Medication Error
 - ► Emergency Safety Intervention
 - Restraint Other
 - Death
 - ▶ Other

Event Type Levels and Sub-Types

- Next part of the form is dependent on the type of GER selected
- ▶ GERs can be more than one type, and the form will adjust to the selection
- Certain Events are always High GERs including
 - ▶ Emergency Safety Intervention
 - Restraint Other
 - Death
- ▶ Injury has 31 different sub-types
 - ▶ 17 different causes of injury
 - ► Certain injuries are always "High" GERs
- Other has 25 sub-types

General GER Information

- All GERs ask if Abuse is suspected, Neglect is suspected or if Exploitation is suspected
 - ▶ If Yes, the GER is automatically categorized as "High"



Additional Form Information

- Information is given on who has been notified of the GER and who has reviewed that GER and when
- Comments section for Corrective Actions Taken and Plan of Future Corrective Action
- Ability to electronically attach a photograph or other meaningful documentation associated with the GER

SharePoint and Miscellaneous Data Sources

SharePoint

- SharePoint has been used by the state for data collection in specific instances that typically result from a lack of time for development or a lack of data/information resources
- SharePoint is a necessary resource for how data has been gathered in the past and how to provide examples for incorporation into the proper place/tool
- SharePoint is used by Nebraska as both a document storage system and as a place for custom form development
- Example Complaints Custom Form Database http://dhhsemployees/sites/DD/Community/CentralOffice/Forms/Pages/Forms Home.aspx
- Example Health Risk Assessment Database http://dhhsemployees/sites/DD/DOJ/Lists/Health%20Risk%20Assessments/Year.a spx

SharePoint (Continued)

- SharePoint document libraries and custom form sites are restricted by security level
- Back ups of records are kept each time a new document or record is saved
- SharePoint does contain a variety of QI information including
 - Certifications
 - Citations
 - Plans of Improvement
 - ▶ Provider Enrollment
 - Service Requests

Miscellaneous

- ► Finally, DD does have reports provided from sources such as APS/CPS for substantiated abuse and neglect cases
 - ▶ Working with Sue to develop a better process for both DD and A&D